



**Notification of Exemption from a  
Solid Waste Permit for a MRW Mobile System  
or Collection Event  
Under WAC 173-350-360(2)**

Identification Number  
(For official use only)

**PART I. General Information**

Date Notification Submitted:

County:

**Notification is for:**

☐ **MRW Mobile Collection System**

☐ **MRW Collection Event**

Date(s) :

Location(s):

Anticipated date(s)

Anticipated Location(s):

Contact Information:

Company Name, Government Entity, etc.:

Mailing address:

Contact Name:

Street:

Position in organization:

City:

Phone:

State:

Zip:

Fax:

e-mail address:

Description of specific types and estimated quantities of MRW to be handled:

Prepared by:

Date:

Phone: